



New Jersey Department of Children and Families Policy Manual

Manual:	CP&P	Child Protection and Permanency	Effective Date:
Volume:	II	Intake, Investigation and Response	
Chapter:	E	Allegation Based System	10-3-2011
Subchapter:	1	Allegations	
Issuance:	300	Internal Injuries	

ALLEGATION OF HARM 12-30-2004

An Internal Injury can be due to abuse -- allegation of harm #4.

An Internal Injury can be due to neglect -- allegation of harm #54.

DEFINITION 12-30-2004

An "Internal Injury" means –

An injury that is not visible from the outside; e.g. an injury to the organs occupying the thoracic or abdominal cavities. Such injury may result from a direct blow or a penetrating injury. A person so injured may be pale, cold, perspiring freely, have an anxious expression, or may seem semi comatose. Pain is usually intense at first, and may continue or gradually diminish as patient grows worse.

TAKING A REPORT 12-30-2004

Usage --

The Reporter has reason to believe that the internal injuries resulted from one of the following:

ABUSE --

- A direct action of the parent, caregiver, immediate family member, the parent's paramour or other person responsible for the child's welfare. OR
- The failure of the parent, caregiver, immediate family member, the parent's paramour, or other person responsible for the child's welfare to make reasonable efforts to stop an action by another person which resulted in internal injuries.

NEGLECT --

- Blatant disregard of parental (or other person responsible for the child's welfare) responsibilities which resulted in the child sustaining internal injuries.

INVESTIGATING A REPORT 12-30-2004

Required Documentation/Evidence Needed to Support a Finding –

- Evidence that the injuries are a direct result of some action by a parent/caregiver (ABUSE), the failure of a parent/caregiver to stop the action of another person that results in internal injuries (ABUSE), or the blatant disregard of a harmful situation that results in internal injuries (NEGLECT).
- Medical documentation that an internal injury exists and an exact description of the injury.
- If police have conducted an investigation; the final finding must be obtained and documented. If the police report is not available, a case note must be included indicating the report has been requested along with documentation of the verbal statements. The supervisor must review the police report when it is received to ensure findings do not conflict with previously documented information received verbally.
- If multiple possible perpetrators are identified, circumstantial evidence which identifies the most likely perpetrator.
- Detailed explanatory statements of the victim, perpetrator, witnesses, and any other person with knowledge of the injury have been obtained.
- All other required contacts made, or documentation as to why they were not.
- Consults have been obtained as required.
- For ABUSE (allegation 4), a medical opinion has been obtained that states the explanation given for the injury is inconsistent, and the most likely manner in which this injury occurred was abuse or the alleged perpetrator has admitted causing the injury.
- For NEGLECT (allegation 54), a medical opinion has been obtained and states that the explanation given for the internal injury is consistent, or that the internal injury is not likely to have been caused by abuse. And the investigative file documentation must include evidence that the alleged perpetrator exposed the child to such a high risk of receiving an internal injury that a reasonable person would have taken action to avoid it.

- Any other conflicting evidence has been resolved or detailed analysis of evidence.
- Additional allegations should be added as appropriate.

Written approval -- The above elements are required for every investigation into an internal injury. The Supervisor's approval is required, in writing, if it is acceptable for any of the above steps to be eliminated from the investigation process.

Formal documentation – The Supervisor documents his or her approval on a NJ SPIRIT Contact Activity Note, printable as a Contact Sheet, CP&P Form [26-52](#).

REQUIREMENTS FOR INVESTIGATION 10-3-2011

The Child Protective Investigator shall:

- Complete a safety assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-22](#), Safety Assessment (In-Home Cases).
- Hold in-person, individual interviews with the parents/caregivers. Parents should be contacted on the same day as contact with the child victim(s) if at all possible.
- Hold in-person, individual interview of other adults in the home, the child's siblings, and other children residing in the victim's home. Non-verbal children must be observed.
- Complete CARI checks of household members and other subjects regularly frequenting or living in the home.
- If a paramour-involved report, conduct Promis/Gavel check to determine record of criminal history.
- Thoroughly read and review prior investigations.
- Interview reporter and others identified in the current report or related information as having knowledge of the incident.
- Hold individual and in-person interviews with alleged child victim(s), assess the child's physical injury including photographs and/or body chart.
- Observe environment where maltreatment occurred.
- Interview physician who treated current injury if other than reporter.
- Obtain a medical exam (waiver of the exam can only be granted by the CP&P Pediatric Consultant).

- Hold an in-person or phone interview with law enforcement, if police have had contact on report.
- Interview the assigned primary Worker, if a service case is currently open.
- Hold an in person and individual interview with alleged perpetrator.
- Complete a risk assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-23](#), New Jersey CP&P Family Risk Assessment.
- Refer the child to the Regional Diagnostic and Treatment Center. See [CP&P-II-C-2-600](#).
- Also see [CP&P-II-C-2-600](#) for situations when a physical abuse referral may not be required.
- Complete a Caregiver Strengths and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-24](#), New Jersey CP&P SDM™ Caregiver Strengths and Needs Assessment.
- Complete a Child Strength and Needs Assessment in accordance with policy. See [CP&P-III-B-6-600](#). Use CP&P Form [22-25](#), New Jersey CP&P SDM™ Child Strength and Needs Assessment.
- Hold in person and individual interviews with all other adults and verbal children of the perpetrator's household. Non-verbal children must be observed.
- Interview physicians directly involved with treatment of the reported injury (e.g. attending physician, radiologist or surgeon).
- Interview all identified witnesses who are reported to have knowledge of the incident that resulted in internal injuries.
- If the family or the subjects identify two or more possible collateral contacts, at least two must be interviewed either by phone or in person. This includes character witnesses.
- Interview the prior Worker, if a service case is currently closed but has been open within the past two years.
- Interview other community professionals who have first-hand knowledge of the incident.

- When there are other children in the home, interview school personnel and/or child care provider who has knowledge of the child and/or the level of parental care provided to the child.
- Interview primary care physician or physician who has seen the child in the past six months.
- Interview child protective services in other states in which the family members have resided in the previous five years.

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REQUIRED MEDICAL INFORMATION AND/OR CONSULTATIONS 12-30-2004

The Worker must ensure that the victim receives an immediate medical exam if evidence exists that the child is in need of urgent medical care.

A medical exam is required for all investigations.

Medical records of current treatment/diagnosis and relevant past treatment.

Expert opinion to match injuries with a potential cause (etiology) if nature of the injury is unknown or contested.

Consultation with physicians to assess appropriateness of further diagnostic testing.

A second opinion is required when:

- The treating physicians are unable or unwilling to offer an opinion regarding the cause of the injury; or
- There are conflicting opinions among treating physicians; or
- The case has been staffed with a supervisor and, based on the totality of the information gathered, the child protective investigator is unable to make a well-supported finding.

Note: The opinion of the physician with the most relevant specialization and experience should be given the greatest weight.

LAW ENFORCEMENT/PROSECUTOR INVOLVEMENT OR NOTIFICATION
12-30-2004

- It is mandatory that the Child Protective Investigator notifies the Prosecutor and law enforcement at the time of the report.
- In areas served by a Child Advocacy Center, investigations must be coordinated with the center if the center is willing to work with this allegation.
- CP&P and local law enforcement should cooperate in conducting investigations.